PLYMOUTH MANOR NURSING/REHABILITATION

619 WEST WALNUT STREET

MILWAUKEE	53212	Phone: (414) 263-1770	1	Ownership:	Corporation
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Con	junction with D	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and Sta	affed (12/31/03):	107	Title 18 (Medicare) Certified?	Yes
Total Licensed	l Bed Capacity	(12/31/03):	107	Title 19 (Medicaid) Certified?	Yes
Number of Resi	dents on 12/31,	/03:	92	Average Daily Census:	82

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	%
Home Health Care Supp. Home Care-Personal Care	No No	 Primary Diagnosis 		Age Groups 	\{\bar{\}}	 Less Than 1 Year 1 - 4 Years	16.3 31.5
Supp. Home Care-Household Services	No	Developmental Disabilities	1.1	Under 65	41.3	More Than 4 Years	32.6
Day Services Respite Care	No Yes	Mental Illness (Org./Psy) Mental Illness (Other)		65 - 74 75 - 84	15.2 22.8	•	80.4
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	17.4	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over		Full-Time Equivalent	
Congregate Meals	No	Cancer	1.1	'		Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures		1		(12/31/03)	
Other Meals	No	Cardiovascular		65 & Over			
Transportation	No	Cerebrovascular	10.9			RNs	7.0
Referral Service	No	Diabetes	8.7	Gender	용	LPNs	10.3
Other Services	No	Respiratory	4.3			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	39.1	Male	45.7	Aides, & Orderlies	32.0
Mentally Ill	Yes			Female	54.3		
Provide Day Programming for			100.0				
Developmentally Disabled	Yes				100.0		
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Method of Reimbursement

Medicare (Title 18)				edicaid itle 19					Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	왕	Per Diem (\$)	No.	୍ବ	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	3	100.0	228	75	94.9	140	0	0.0	0	6	100.0	149	0	0.0	0	0	0.0	0	84	91.3
Intermediate				2	2.5	121	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.2
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	4	100.0	140	0	0.0	0	4	4.3
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				2	2.5	185	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.2
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	_	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		79	100.0		0	0.0		6	100.0		4	100.0		0	0.0		92	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condit	lons, Services, an	d Activities as of 12/	31/03
beachs builing Reporting Terrou	i				% Needing		Total
Percent Admissions from:	į	Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	16.9	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	21.7		34.8	43.5	92
Other Nursing Homes	0.0	Dressing	43.5		17.4	39.1	92
Acute Care Hospitals	79.5	Transferring	56.5		17.4	26.1	92
Psych. HospMR/DD Facilities	0.0	Toilet Use	55.4		8.7	35.9	92
Rehabilitation Hospitals	0.0	Eating	71.7		10.9	17.4	92
Other Locations	3.6	******	*****	*****	*****	******	*****
otal Number of Admissions	83	Continence		용	Special Treatmen	ts	용
Percent Discharges To:	1	Indwelling Or Extern	al Catheter	4.3	Receiving Resp	iratory Care	1.1
Private Home/No Home Health	34.7	Occ/Freq. Incontiner	it of Bladder	38.0	Receiving Trac	heostomy Care	1.1
Private Home/With Home Health	9.7	Occ/Freq. Incontiner	it of Bowel	35.9	Receiving Suct	ioning	1.1
Other Nursing Homes	0.0				Receiving Osto	my Care	4.3
Acute Care Hospitals	5.6	Mobility			Receiving Tube	Feeding	12.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed.	0.0	Receiving Mech	anically Altered Diets	27.2
Rehabilitation Hospitals	0.0						
Other Locations	22.2	Skin Care			Other Resident C	haracteristics	
Deaths	27.8	With Pressure Sores		3.3	Have Advance D	irectives	38.0
otal Number of Discharges	i	With Rashes		4.3	Medications		
(Including Deaths)	72				Receiving Psyc	hoactive Drugs	63.0

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

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		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	orietary	100	-199	Ski	lled	Al	1
	Facility	Peer Group		Peer	Group	Peer Group		Faci.	lities
	%	왕	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	87.3	84.7	1.03	87.0	1.00	86.6	1.01	87.4	1.00
Current Residents from In-County	98.9	81.8	1.21	86.4	1.14	84.5	1.17	76.7	1.29
Admissions from In-County, Still Residing	39.8	17.7	2.25	18.9	2.10	20.3	1.96	19.6	2.02
Admissions/Average Daily Census	101.2	178.7	0.57	166.7	0.61	157.3	0.64	141.3	0.72
Discharges/Average Daily Census	87.8	180.9	0.49	170.6	0.51	159.9	0.55	142.5	0.62
Discharges To Private Residence/Average Daily Census	39.0	74.3	0.52	69.1	0.56	60.3	0.65	61.6	0.63
Residents Receiving Skilled Care	91.3	93.6	0.98	94.6	0.97	93.5	0.98	88.1	1.04
Residents Aged 65 and Older	58.7	84.8	0.69	91.3	0.64	90.8	0.65	87.8	0.67
Title 19 (Medicaid) Funded Residents	85.9	64.1	1.34	58.7	1.46	58.2	1.47	65.9	1.30
Private Pay Funded Residents	6.5	13.4	0.49	22.4	0.29	23.4	0.28	21.0	0.31
Developmentally Disabled Residents	1.1	1.1	1.01	1.0	1.07	0.8	1.29	6.5	0.17
Mentally Ill Residents	17.4	32.2	0.54	34.3	0.51	33.5	0.52	33.6	0.52
General Medical Service Residents	39.1	20.8	1.88	21.0	1.87	21.4	1.83	20.6	1.90
Impaired ADL (Mean)	41.3	51.8	0.80	53.1	0.78	51.8	0.80	49.4	0.84
Psychological Problems	63.0	59.4	1.06	60.0	1.05	60.6	1.04	57.4	1.10
Nursing Care Required (Mean)	6.8	7.4	0.92	7.2	0.94	7.3	0.94	7.3	0.93